

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10 / 560782						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2		1				52							
3		1				53							
4		1				54							
5		1				55							
6		1				56							
7		1				57							
8		1				58							
9		1				59							
10		1				60							
11		1				61							
12		1				62							
13		1				63							
14		1				64							
15		1				65							
16		1				66							
17		1				67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1		↓		↓		↓		↓		↓		
TOTAL DEP.	16	←		←		←		←		←		←	
TOTAL CLAIMS	17												
TOTAL IND.			↓		↓		↓		↓		↓		
TOTAL DEP.		←		←		←		←		←		←	
TOTAL CLAIMS													